

REQUEST FOR RENTAL SERVICES

1. MAIL TO:

Department of the Interior
ATTN: Flight Coordination Specialist
Aviation Management/ARO
4405 Lear Court
Anchorage, Alaska 99502

Phone: (907) 271-3935/6032

Fax: (907) 271-6080

2. REQUESTING BUREAU -- OFFICE AND ADDRESS:

REFER QUESTIONS TO: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

3. AIRCRAFT DESIRED:

A. FIXED WING: HIGH WING LOW WING

AIRCRAFT TYPE (i.e. Cessna 182): _____

PASSENGER CAPACITY (Seats): _____

ADDITIONAL REQUIREMENTS (i.e., large cargo doors, etc.)

SPECIAL USE ACTIVITY:

Low Level (less than 500' from surface)

Resource Reconnaissance (above 500' from surface)

Fire Reconnaissance

Air Tactical

B. HELICOPTER: FUEL SERVICING VEHICLE

HELICOPTER TYPE (i.e., Hughes 500): _____

PASSENGER CAPACITY (Seats): _____

ADDITIONAL REQUIREMENTS (i.e., long line, helitorch, etc.)

SPECIAL USE ACTIVITY:

External Loads

Aerial Ignition

Interagency Fire

Local Fire

Offshore Platform/Vessel Landings

Extended Overwater

Other (Specify) _____

4. SUGGESTED AIR TAXI & COMMERCIAL OPERATOR:

NAME: _____

TELEPHONE NO.: _____

ESTIMATED ANNUAL USE: _____
(Hours) (Dollars)

CONTACT: _____

ADDRESS: _____

5. ALL REQUESTS REQUIRE REVIEW AND APPROVAL BY YOUR BUREAU'S NATIONAL AVIATION MANAGER.

MANAGER APPROVAL: _____

NATIONAL AVIATION MANAGER: _____

6. REMARKS:

AMD USE: _____

FCC Signature : _____

Date Received: _____